



HOWARD COUNTY, MARYLAND: DEPARTMENT OF RECREATION AND PARKS
BUREAU OF RECREATION & ADMINISTRATIVE SERVICES

NOTE: You must fill out both pages of this form and bring it with you on the first day of the activity.

PARTICIPANT INFORMATION

(for self-regulated camps and general recreational programs)

(Please print)

Participant name: Sex: MALE FEMALE
Age: Date of Birth: Month: Day: Year:

Address:

Home Phone: Parent's Name: (If Under 18)

Cell Phone: Work Phone:

Pager:

INDIVIDUAL(S) TO BE CONTACTED IN CASE OF EMERGENCY:

NAME: PHONE:

NAME: PHONE:

Name of person (other than parent) authorized to pick up child:
Relationship to Child:
Address: PHONE:
Are there any custody issues we should be aware of? NO YES (if yes, please attach a copy of court order)

ALLERGIES: Are there any allergies that Howard County Department of Recreation and Parks (HCRP) Staff should be aware of?
NO YES If yes, what exact allergies?
In the event of an allergic reaction, what actions will the HCRP staff be expected to take?

MEDICATION:
Is the participant taking any medication? NO YES
Will the participant take medication during program hours? NO YES
If yes, please complete a medication order form (available from the HCRP office) and attach.

HEALTH ISSUES & SPECIAL ACCOMMODATIONS:
Please explain any other specific health issues or accommodations that you may need for participation in activities:

REQUIRED INFORMATION BY STATE REGULATIONS for Camps:
School Attended: MD Public/Private School Other
Date of Last Tetanus: Don't Know
Name of Participant's Primary Physician: Physician's Phone:

(OVER)

PROGRAM NAME: _____

DATE OF PROGRAM _____

PARTICIPANT NAME: _____

I UNDERSTAND:

1. By registering for this program, I verify that my child's immunizations are up to date.
2. That there are inherent dangers in any recreational activity or program.
3. That I must be aware of the hazards associated with each activity, such as use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries related to this activity.
4. I must read and understand all written material, which has been provided by the Howard County Department of Recreation and Parks.
5. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
6. That the possible consequences of participating in these activities include the possibility of serious injury.

I AGREE:

1. To obey the rules and regulations for each activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situation that I may observe.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used, I will ask a staff member prior to beginning that activity.
4. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in any activities.

Signature of Participant: _____

Date: _____

If Under 18, Signature of Parent/Guardian: _____

Date: _____

I am aware that while participating in a recreation activity or program arranged by the Howard County Department of Recreation and Parks, certain risks and dangers may be present, including but not limited to those generally associated with certain activities, the hazards of traveling the public highways, of accidents, of illness, and of those forces of nature.

I agree to indemnify and defend Howard County and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and the County's costs of defense, in connection with loss of life, personal or bodily injury and /or damage to or loss of property that arises from the participation of _____ (Name of Participant) in _____ (Name of activity or program), except to the extent that such loss or damage is occasioned by the negligent act or omission of the county, its officers, agents or employees and no negligence on the part of the Participant.

Signature of Participant: _____

Date: _____

If Under 18, Signature of Parent/Guardian: _____

Date: _____

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the program to have you or your child transported to that hospital.

Signature of Participant or Parent/Guardian: _____

Date: _____